

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/308223
APPLICANT(S) _____

FILED DATE 19/Nov/99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							61					
2							62					
3							63					
4							64					
5							65					
6							66					
7							67					
8							68					
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36							96					
37							97					
38							98					
39							99					
40							100					
41												
42												
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44												
45												
46												
47												
48												
49												
50												
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					

BEST AVAILABLE COPY